

ARKANSAS INSURANCE DEPARTMENT
1200 WEST THIRD STREET
LITTLE ROCK, ARKANSAS 72201
PHONE 501-371-2750
FAX NUMBER 501-683-2604

THIRD PARTY ADMINISTRATOR
APPLICATION FOR REGISTRATION

1. TPA NAME: _____

2. TPA FEDERAL TAX ID #: _____

3. MAILING ADDRESS:

_____	Street and Number or P.O. Box	_____	City and State	_____	Zip
-------	-------------------------------	-------	----------------	-------	-----

4. PHYSICAL ADDRESS: _____

_____	Street and Number or P.O. Box	_____	City and State	_____	Zip
-------	-------------------------------	-------	----------------	-------	-----

5. NAME OF CONTACT PERSON _____

6. PHONE NUMBER OF CONTACT PERSON: _____

7. FAX NUMBER OF TPA: _____

8. IS THE TPA: ___ CORPORATION ___ PARTNERSHIP ___ SOLE PROPRIETORSHIP ___ LLP ___ LLC

9. DOES THE TPA USE AN AGENT FOR SERVICE: ___ YES ___ NO

10. IF 9 IS YES, PLEASE LIST NAME, ADDRESS AND PHONE NUMBER OF AGENT OF SERVICE:

NAME _____

ADDRESS: _____

_____	Street and Number or P.O. Box	_____	City and State	_____	Zip
-------	-------------------------------	-------	----------------	-------	-----

PHONE NUMBER _____

11. BOND INFORMATION (IF BOND IS REQUIRED OF TPA)

BOND NUMBER _____ DATE BOND ISSUED _____

NAME OF ISSUING COMPANY _____

LIST ALL EMPLOYEE WELFARE BENEFIT PLANS FOR WHICH YOU ACT AS THIRD PARTY ADMINISTRATOR—ATTACH A LIST OF ANY ADDITIONAL PLANS AS NECESSARY. TYPES OF PLANS THAT MUST BE LISTED ARE SINGLE EMPLOYER SELF-FUNDED PLANS, COLLECTIVELY BARGAINED PLANS, MULTIPLE EMPLOYER TRUSTS, AND FULLY INSURED MULTIPLE EMPLOYER WELFARE ASSOCIATIONS AND NOT-FULLY INSURED WELFARE ASSOCIATIONS. ALL OF THE ABOVE PLANS MUST HAVE FORM SELF-1LIC(4-02) COMPLETED AND SENT TO THE ARKANSAS INSURANCE DEPARTMENT.

NAME OF EMPLOYER	FEDERAL TAX ID NUMBER	TYPE OF PLAN	DO YOU PROCESS FUNDS YES OR NO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AFFIDAVIT

I, THE UNDERSIGNED DO HEREBY SWEAR OR AFFIRM UNDER OATH THAT THE INFORMATION SUBMITTED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NAME AND TITLE

DATE

State of _____

County of _____

Subscribed to and sworn or affirmed before me on this _____ Day of _____, 200_____

My Commission Expires _____

Notary Public _____

Seal